| 24/378 | - |
|--------|---|
|--------|---|

| STATE OF SOUTH CAROLINA | |
|--|--|
| (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo | BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA) |
| | TRANSPORTATION COVER SHEET |
| RECEIVED |) DOCKET NUMBER: 273 - 28 - T |
| JAN 1.4 2013 |) HOMBEK: (M(V) = 0 = 1 |
| PSG SC CLERK'S OFFICE (Please type or print) | If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. |
| Submitted by: Sulfiman A. ABUHANI | Telephone: 843-330-8844 |
| Address:P, 0, Box 30565 | - Fax: |
| Charleston, S.C. 29417 | |
| <u> </u> | Emails |
| NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely. | |
| NATURE OF ACTION | (Check all that apply) |
| Application - Class A/A Restricted | Request for Name Change on Certificate |
| Application - Class C Taxi | Request to Amend Scope of Authority |
| Application - Class C Charter | Request to Amend Tariff (rate increase, etc.) |
| Application - Class C Charter Bus Date: ///// | Request to Amend Passenger Limit |
| Application - Class C Non-Emergency | 73 □ Request |
| Application - Class C Stretcher Van | Exhibit |
| Application - Class E Household Goods | Late-Filed Exhibit |
| Application - Class E Hazardous Waste | Letter |
| Application | Proposed Order |
| Request for Extension to Comply with Order | Publisher's Affidavit |
| Request for Order Granting Authority to Obtain a Certificate | Reservation Letter |
| of Public Convenience and Necessity to be Rescinded | Response |
| Request for Cancellation of Certificate | Return to Petition |
| Request for Suspension | Other: |
| Request for Reinstatement | |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Lod

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

| (| CLASS C - TAXI |
|----------|---|
| A o | application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision f S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. |
| 1. | Prince, CC. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) |
| | SULFIMAN A. ABUHANI 2390 BAKER HOSPITAL BIVA. Street Address of Applicant |
| | Charleston S, C, 29405 Mailing Address of Applicant (if different from street address) |
| | |
| | Email Address |
| 2. | If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.) |
| 3. | Select Entity Type: (Check one) Individual Owner/Sole Proprietorship |
| | Partnership I jet names and addresses & 11 |
| | Partnership - List names and addresses of all person having an interest in the business. Corporation - List names and addresses of two principal officers. |
| | |
| | Corporation - List names and addresses of two principal officers. |
| <i>,</i> | Corporation - List names and addresses of two principal officers. SULCIMEN ABUHANI 2390 BAKER HOSPHAIBING |

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

| | Month Year |
|-------------------------------|------------|
| Assets: | |
| Cash | 1000 00 |
| Receivables | 1,000.00 |
| Real Estate | |
| Buildings and Equipment (Net) | |
| Motor Vehicles (Net) | 6,500,00 |
| Garage Equipment (Net) | 4,000,00 |
| Machinery and Tools (Net) | |
| Supplies on Hand | |
| Prepaids and Other Assets | |
| Total Assets* | |
| | 7,500,00 |
| Liabilities and Equity: | 7,000,00 |
| Accounts Payable | |
| Notes Payable | |
| Mortgages Payable | |
| Equipment Obligations | |
| Accrued Salaries and Wages | |
| Other Accrued Obligations | |
| Other Liabilities | |
| Total Liabilities | |
| | |
| Capital Stock | |
| Retained Earnings | |
| Total Equity | 7500.00 |
| Total Liabilities and Equity* | 7,500.00 |

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

4.00 BASE Plus # 2.75 Permile

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina. Abbeville Cherokee Florence Lee Saluda Aiken Chester Georgetown Lexington Spartanburg Allendale Chesterfield Greenville Marion Sumter Anderson Clarendon Greenwood Marlboro Union Bamberg 1 Colleton Hampton McCormick Williamsburg Barnwell Darlington Horry Newberry York Beaufort Dillon Jasper Oconee Berkeley Dorchester Kershaw Orangeburg Statewide Calhoun Edgefield Pickens Lancaster Charleston Fairfield Laurens Richland

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

| Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.) |
|--|
| 1-7 Passengers, including driver |
| 8-15 Passengers, including driver |

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT |
|----------|--------------|------------------------------|--------------|
| CHRY | 2005 Townsel | 1646P45R65B175003 Country | 3819 |
| Chrys | ler Town & | Country | |
| | | , | |
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| <u> </u> | | | |

Fax: (843) 536-0782

Page 2 of 2 1/9/2013 2:21

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

| The following insurance quote is for: |
|---|
| BriNCE, LLC |
| Name of Applicant |
| BRINCE, LLC Name of Applicant Name of Applicant Address of Applicant N. Owleston, Sc. 29405 |
| Amount of Premium: Limits Quoted: (See Below) |
| Liability Insurance \$ 2840.00 Limits 2500/5000/252500 |
| The above quoted premium is for a term of 12 months. |
| Minimum Limits - Intrastate Only: |
| 1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle including the driver's seatbelt 8-15 Passengers* \$ 25,000/100,000/25,000 including the driver's seatbelt |
| Name of Insurance Company |
| Name of Insurance Company |
| 2843-B W Palnetto St Florence of 7. 2950/ |
| I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina. |
| 1-9-2013 Date: Signature Authorized Instrume Company Representative's Signature |
| NOTICE |

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on, the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

| | Swie i MAN A. ABUHANI Name of Applicant |
|----|---|
| | Name of Applicant |
| | |
| 1 | . Are there currently any outstanding judgments against the Applicant? O Yes No |
| | If Yes, indicate nature of judgement(s) against applicant. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 2. | Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations? |
| | Yes O No |
| | |
| 3, | Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? |

3.

Yes

O No

Exhibit on Driver Qualifications

| 1. | Applicant understands that | all drivers must be a minimum of 18 years of age. |
|----|--|--|
| | Yes | ○ No |
| 2. | Applicant understands that and such record from the D be maintained in the Application | a certified copy of the driver's three (3) year driving record issued by the SC DMV MV of the state in which the driver is or has been domiciled for such period must cant's business office. |
| | Yes | ○ No |
| | | |
| 3, | Applicant understands that must be maintained in the | a criminal history background check from the state where the driver currently lives Applicant's business office. |
| | Yes | O No |
| 4. | Applicant understands that their possession when open | all drivers operating a vehicle under a Class C Taxi Certificate must have in ating a charter vehicle, a valid driver's license issued by the SC DMV or the current |
| | state of residence of the dri | ver. |
| | Yes | O No |
| | | |
| | vehicles to drivers who are | all Class C Taxi Certificate holders are prohibited from employing or leasing registered, or required to be registered, as sex offenders with the South Carolina rision or any national registry of sex offenders. |
| | Yes | O No |
| | | |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

> suleiman. Applicant's Signature OWNER
> Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA Charleston COUNTY OF

SWORN TO BEFORE ME
This 28th day of November 2017

Michael C. Fox
Notary Public

Commission Expires Oct. 4, 2020

CERTIFIED TO BE A TRUE AND CORRECT
COPY AS TAKEN FROM AND COMPARED
WITH THE ORIGINAL ON FILE IN THIS OFFICE

Jan 07 2013

Make Hamman
SECRETARY OF STATE OF SOUTH CAROLINA

130107-0242 Filed: 1/7/2013
PRINCE , LLC
Filing Fee: \$135.00 ORIG
Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

| 2390 Street A | BAKER HOSPITAL BLVD APT D | f the Limited Liability Company in South Carolina is | | |
|--|---|--|--|--|
| Street A | Address | 203 | | |
| CHAR | | | | |
| | LESTON SC | 004050400 | | |
| Oity | | 294058429 Zip Code | | |
| | | Zip Code | | |
| The initial agent for service of process of the Limited Liability Company is | | | | |
| | illian agent for service of process of the IMAN ABU HANT | Electronically filed on SCBOS | | |
| | THAN ADO HANT | Signature not required. | | |
| Name | | | | |
| | | Signature this initial agent for service of process is | | |
| | BAKER HOSPITAL BLVD APT D | this initial agent for service of process is | | |
| 2390 Street A | BAKER HOSPITAL BLVD APT D | this initial agent for service of process is | | |

| | , | PRINCE , I | TIC |
|--|---|---|---|
| | | Name of Corporat | ion |
| | Check this box if the company is to be a term 100 YEARS | company. If so, provide the term | specified: |
| I | Check this box only if management of the lim managers. If this company is to be managed initial manager: | ited liability company is vested in a by managers, specify the name ar | manager or nd address of each |
| i | a) SULEIMAN ABU HANI | | |
| | Name | | |
| | PO BOX 30565 | | |
| | Street | | |
| | CHARLESTON | SC US | 294170565 |
| | City | State | Zip Code |
| n | Check this box if one or more of the members obligations under section 33-44-303(c). If one nembers, and for which debts, obligations or nembers. | e or more members are so liable, s | r its debts and |
| n | obligations under section 33-44-303(c). If one nembers, and for which debts, obligations or | e or more members are so liable, s | r its debts and |
| unless | obligations under section 33-44-303(c). If one nembers, and for which debts, obligations or | e or more members are so liable, s liabilities such members are liable | r its debts and pecify which in their capacity as |
| Unless Secret | notigations under section 33-44-303(c). If one nembers, and for which debts, obligations or nembers. | e or more members are so liable, s liabilities such members are liable | r its debts and pecify which in their capacity as |
| Unless Secret 2013-Set for including operation | poligations under section 33-44-303(c). If one nembers, and for which debts, obligations or nembers. s a delayed effective date is specified, these a ary of State. Specify any delayed effective date is specified. | e or more members are so liable, so liable is liabilities such members are liable articles will be effective when endounted and time: | r its debts and pecify which in their capacity as |

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PRINCE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 7th, 2013, with a duration that is until Saturday, January 07, 2113, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 7th day of January, 2013

Mark Hammond

Mark Hammond, Secretary of State